



RESULTS

- Consistent, measurable quality with Outcomes Reporting
- Near zero readmissions for CMS's three focus diagnoses
- <10% readmission rates on other diagnoses across facilities
- Strengthened relationships with referring hospitals

"Near zero readmissions for CMS's 3 focus diagnoses and less than 10% for other diagnoses – really got the attention of our local hospitals."

Scott Lipman, COO
Marrinson Senior Care Residences

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Decades of innovation contribute to stellar quality and service, including <10% overall readmission rate and 0% on the "big three."

BACKGROUND

Marrinson Group offers independent, assisted, and skilled care across seven senior care residences in FL and SC. For nearly five decades Ralph Marrinson and staff have embraced residents like family. Many employees have been with the company for 30 years or more, and all are committed to the dignity and respect of others, with a daily motivation to make another person's day just a little better.

CHALLENGES

Ralph Marrinson, President, and Scott Lipman, COO, always knew quality was excellent – but the challenge was having easy access to hard data to prove it. "We knew having a reporting system would not only confirm what we know but also be important in positioning our advantages with hospitals," describes Lipman.

SOLUTION

Marrinson Group, a customer of AHT for many years, was among the first to run Outcomes Reports in Fall of 2011. "Kudos to our staff," Lipman explains, "because after 5 quarters of outcomes data, we've seen very little movement. We got hospitals' attention when they saw our readmission rates on CMS's three focus diagnoses are near zero, and less than 10% across our facilities for other diagnoses."

Lipman shares ingredients that contribute to the team's success:

Outcomes reports. "We're particular about data entry, which contributes to reports we can trust for driving higher quality and marketing results. With hospitals more routinely interested in us due to readmission penalties, reliable data matters more than ever."

Assessments. "We created thorough initial assessments in AHT focused on prevention vs. just treating a diagnosis. This paves the way for patient-centered care pathways that prevent readmits."

Physician alignment. "Physicians who are aggressive with preventative treatments provide extra eyes and awareness upfront to prevent readmissions."

Care transitions. "We embed case managers in our referring hospitals who build relationships, position value with discharge planners, and drive referrals. Great communication results in smoother transitions."

Order administration. "Nurses love the reminders; if/ands/or buts were eliminated about the timing of medications. That translates to great quality of care—and quality of life for residents."



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